0307

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00303

# CERTIFICATE OF DEATH

Reg. Dist. No. 51

M

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dr Frederick X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE North Beach, MD COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) North Beach X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) E (Last) BROWN

4. DATE OF DEATH: (Month) 1 (Day) 29 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Jan 22, 1871
9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Elmira, N.Y.
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Henry Brown
14. MOTHER'S MAIDEN NAME: Elizabeth Ann Stalker

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. Lois V. Duvall, 302 LaVerne Ave Alexandria, VA

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.1 (a) CORONARY OCCLUSION — Interval Between Onset And Death 2 hrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ARTERIOSCLEROTIC C.V. disease

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1, 1953, to 1/29, 1954, that I last saw the deceased alive on 1/29, 1954, and that death occurred at 9:10 pm from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] ADDRESS Prince Frederick Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF 1/29/54
NAME OF CEMETERY OR CREMATORY Washington D.C.
LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REGISTRAR Jan 29-54
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR J. William Lee's Sons Co. ADDRESS 300 - 4th St N.E. Wash D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

RECEIVED
FEB 3 1954
BUREAU V. S.

Film G161 Item 9 1/28/54 omf

0309

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00304

# CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) St Leonards X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) St Leonard X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) W. (Last) Graham

4. DATE OF DEATH: (Month) 1 (Day) 23, (Year) 1954

5. SEX: M.

6. COLOR OR RACE: C

7. SINGLE, MARRIED, (WIDOWED) DIVORCED, (Specify):

8. DATE OF BIRTH: Sept 2, 1880

9. AGE last birthday: 73 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Farm Owner

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Graham

14. MOTHER'S MAIDEN NAME: Eliza Coats.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

792X

Immediate cause (a) Uremia - Acidosis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on Jan 22, 1954, and that death occurred at 6 AM from the causes and on the date stated above.

SIGNATURE (Degree or title) R. Dr Villarreal S M.D. ADDRESS St Leonard DATE SIGNED Jan 28/54

23. (BURIAL) CREMATION, REMOVAL (Specify) DATE THEREOF 1-26-54 NAME OF CEMETERY OR CREMATORY Brooks LOCATION (City, town, or county) Island Creek, (State) Md.

DATE REC'D BY LOCAL REGISTRAR 1-25-54 REGISTRAR'S SIGNATURE H. W. Ward

24. FUNERAL DIRECTOR P.E. Sewell ADDRESS Prince Frederick, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 28 1954
BUREAU V. S.

0309

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00305

# CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calahort MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert Co. Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bristol 02X-2
STREET ADDRESS (If rural give location) Md

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Gilbert Edward Griffin Jr
4. DATE OF DEATH: (Month) 1 (Day) 22 (Year) 1954

5. SEX: M
6. COLOR OR RACE: —
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S
8. DATE OF BIRTH: 8/8/53
9. AGE last birthday: 5 mo yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Gilbert Ed. Griffith
14. MOTHER'S MAIDEN NAME: Margaret Simmons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Margaret Simmons Bristol Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death 24 hrs

490X Immediate cause (a) Atlas Pneumonia

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. First visit

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 11 A, from the causes and on the date stated above.
SIGNATURE (Degree or title) H. W. Ward Crory md ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)
DATE THEREOF 1-24-54
NAME OF CEMETERY OR CREMATORY Moses
LOCATION (City, town, or county) (State) A. A. Co. Md

DATE REC'D BY LOCAL REGISTRAR 1-24-54
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR P. E. Sewell Prince Frederick Md. ADDRESS

2083191404

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 26
BUREAU V. S.

0319

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00306

## CERTIFICATE OF DEATH

Reg. Dist. No. 51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The age is especially important. Physicians: please write the causes of death clearly and legibly.

**1. PLACE OF DEATH:**
COUNTY Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE Maryland — COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lusby X
STREET ADDRESS (If rural give location)

**3. NAME OF DECEASED:** (Type or Print) (First) Baby (Middle) Girl (Last) Gross

**4. DATE OF DEATH:** (Month) January (Day) 23 (Year) 19 54

**5. SEX:** Female

**6. COLOR OR RACE:** Negro

**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):**

**8. DATE OF BIRTH:** January 23/1954

**9. AGE Last birthday:** yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min. 20

**10a. USUAL OCCUPATION** Give kind of work done during most of working life, even if retired):

**10b. KIND OF BUSINESS OR INDUSTRY:**

**11. BIRTHPLACE** (State or foreign country): Maryland

**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13. FATHER'S NAME:** William Franklin Gross

**14. MOTHER'S MAIDEN NAME:** Olivia Gross

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) / (If Yes, give war or dates of service)

**16. SOCIAL SECURITY No.:**

**17. INFORMANT & ADDRESS:** Olivia Gross

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

776X

Immediate cause (a) Prematurity

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION:** 0

**19b. MAJOR FINDINGS OF OPERATION**

**20. AUTOPSY?** Yes ☐ No ☐

**21. ACCIDENT / SUICIDE / HOMICIDE** (Specify)

**PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

**TIME OF INJURY** (Month) (Day) (Year) (Hour) m.

**INJURY OCCURED** While at Work ☐ Not While At Work ☐

**HOW DID INJURY OCCUR?**

22. I ~~hereby~~ certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Earl Williams

**23. BURIAL, CREMATION, REMOVAL** (Specify): Burial

**DATE THEREOF:** 1-24-54

**NAME OF CEMETERY OR CREMATORY:** Private Lot

**LOCATION** (City, town, or county) (State): Lusby - Calvert - Md.

**DATE REC'D BY LOCAL REGISTRAR:** 1-24-54

**REGISTRAR'S SIGNATURE:** N. W. Ward

**24. FUNERAL DIRECTOR** ADDRESS: William Gross - Lusby, Md.

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JAN 29 1954
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00307

# CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH: COUNTY Calvert — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sunderland — LENGTH OF STAY (in this place) X 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Sunderland
STREET ADDRESS (If rural give location)

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| John | Benjamin | Ireland | Jan | 11 | 1954 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | Married | 8/18/1870 | 84 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Farmer | Owner | Maryland | |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Henry Clay Ireland | Louise Birckhead |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT |
|---|---|---|
| | | John B. Ireland Jr. Sunderland Maryland |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertensive Arterio Vascular Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| 0 | | Yes ☐ No ☐ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from Dec 27, 1953, to Jan 11, 1954, that I last saw the deceased alive on Jan 11, 1954, and that death occurred at ____ m., from the causes and on the date stated above.

SIGNATURE (Degree or title) John Jett MD — ADDRESS Prince Frederick — DATE SIGNED 1/12/54

| 23. BURIAL, CREMATION / REMOVAL, (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 1/14/54 | Huntingtown Cemetery | Huntingtown, Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR — ADDRESS |
|---|---|---|
| 1/12/54 | Grace L. Hutchins | Wm H. Hutchins, Owings, Md. |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

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JAN 19 1954
BUREAU V

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 308

# CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Dunkirk
LENGTH OF STAY (in this place) 74 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dunkirk
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Wesley (Middle) Owen (Last) Lane

4. DATE OF DEATH: (Month) Jan. (Day) 21 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: March 19, 1879
9. AGE last birthday. If under 1 year: Month Days; If under 24 hrs: Hour Min. 74 yrs.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Owner
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: James Wesley Lane
14. MOTHER'S MAIDEN NAME: Alice Stevens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Mrs. Florence Lane, Dunkirk, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.1 (a) DUE TO Coronary Occlusion

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death 1/18/54

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/18, 1954, to 1/21, 1954, that I last saw the deceased alive on 1/18, 1954, and that death occurred at 1:30 AM, from the causes and on the date stated above.

SIGNATURE Page Sett (Degree or title) ADDRESS Annie Frederick DATE SIGNED 1/24/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Jan. 24, 1954
NAME OF CEMETERY OR CREMATORY Mt. Harmony Cemetery
LOCATION (City, town, or county) (State) Nr. Owings, Maryland

DATE REC'D BY LOCAL REGISTRAR Jan 22, 1954
REGISTRAR'S SIGNATURE Grace F. Hutchins
24. FUNERAL DIRECTOR Wm. H. Hutchins, Owings, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

JAN
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN N. Beach X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN N. Beach Md
STREET ADDRESS (If rural, give location) 404 - 8th St.

3. NAME OF DECEASED (Type or Print) (First) Mabel (Middle) Ruth (Last) Pettit
4. DATE OF DEATH (Month) 1 (Day) 19 (Year) 1954
5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Wd
8. DATE OF BIRTH June 17, 1885
9. AGE last birthday 68 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wd
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Wash DC
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Francis Redden
14. MOTHER'S MAIDEN NAME Grace Purcell (Purcell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS H B Pettit - 1621 2 Davis St. Wash. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary embolism — INTERVAL BETWEEN ONSET AND DEATH 1 min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Liver ailment — 2 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 740A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) H W Ward D.M.E. ADDRESS Oxon Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 1/22/54
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) (State) Suitland - Pr. Geo. Md

DATE REC'D BY LOCAL REG. 1-22-54
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR ADDRESS Robert Mattingly - 131 - 11 St., S.E. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN
BUREAU V. S.

0314

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00310

# CERTIFICATE OF DEATH

Reg. Dist. No. .....

M

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chesapeake Beach. X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Chesapeake Beach. Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Susie (Middle) C. (Last) Prout

4. DATE OF DEATH: (Month) 1 (Day) 16, (Year) 1954

5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, (WIDOWED) DIVORCED, (Specify):
8. DATE OF BIRTH: Oct 26, 1873.
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Morsell
14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Susie Jones. Chesapeake Beach. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 422.2 (a) Chr myocarditis DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO (c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/10, 1950, to 1/16, 1954, that I last saw the deceased alive on 1/14, 1954, and that death occurred at 9 45 pm from the causes and on the date stated above.

SIGNATURE J. Weeks (Degree or title) Md ADDRESS Huntingtown DATE SIGNED 1/19/54

23. BURIAL, CREMATION, REMOVAL (Specify)
DATE THEREOF 1-20-54
NAME OF CEMETERY OR CREMATORY St Edmonds.
LOCATION (City, town, or county) (State) Calvert Md

DATE REC'D BY LOCAL REGISTRAR 1-19-54
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR P. E. Sewell ADDRESS Prince Frederick Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
JAN 20 1954
BUREAU V. S.

0315

00311

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH · COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Md COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Owings
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Iris (Middle) Idelle (Last) Wallace
4. DATE OF DEATH (Month) 1 (Day) 19 (Year) 54

5. SEX F
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S
8. DATE OF BIRTH 10/21/53
9. AGE last birthday 3 Yrs. | If under 1 year Months | Days | If under 24 hrs. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most ~~of working life, even~~ if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Henry Wallace
14. MOTHER'S MAIDEN NAME Dorothy Brooks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Henry Wallace

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

470X

Immediate cause (a) Suffication

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cold

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Found dead in bed, Had a cold

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 445A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) H W Ward DME ADDRESS Owing Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Fun
DATE THEREOF 1/20/54
NAME OF CEMETERY OR CREMATORY Pet Hope
LOCATION (City, town, or county) Sunderland (State)

DATE REC'D BY LOCAL REG. 1/19/54
REGISTRAR'S SIGNATURE H Ward
24. FUNERAL DIRECTOR Ed Wallace ADDRESS

4003235935

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 25 1954
BUREAU V. S.